

02/04/05
Cost & Use
2002

MEDICARE CURRENT BENEFICIARY SURVEY
 Medical Provider Events

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Medical Provider Events file contains data about a variety of medical services, equipment and supplies collected in the survey, including: medical provider (MP), separately billing (SD), separately billing lab (SL), and other medical expenses (OM).

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				345,048			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				173,033			C000-C999 Event created from claim
				172,015			0000-9999 Survey-reported event
EVNTTYPE	18	2	\$EVNTTYP				C Event type
				0			DU Dental
				0			ER Emergency Room
				0			IP Inpatient
				0			IU Institutional utilization
				178,685			MP Medical provider
				39,500			OM Other medical expense
				0			OP Outpatient
				0			PM Prescribed medicine
				71,783			SD Separately billing physician
				55,080			SL Separately billing lab
OREVTYPE	20	2	\$EVNTTYP				C Original reported event type
				173,033			Missing
				0			DU Dental
				1,175			ER Emergency Room
				422			IP Inpatient
				0			IU Institutional utilization
				118,857			MP Medical provider
				20,166			OM Other medical expense
				3,768			OP Outpatient
				0			PM Prescribed medicine
				22,626			SD Separately billing physician
				5,001			SL Separately billing lab
CLAIMID	22	7					N Claim this survey event matched to
CLAIMTYP	29	1	\$CLAIMTYP				C Claim type that event matched to
				65,674			
				20,176			D DME claim
				259,198			P Physician claim
EVBEYY	30	2	\$EVENTYY				C Event begin year
				83			-8 Don't know
				45			-9 Not ascertained
				344,920			Year

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EVBEGMM	32	2	\$EVENTMM				C Event begin month
				1			-7 Refused
				797			-8 Don't know
				53			-9 Not ascertained
				0			95 Still in progress
				344,197			Month
EVBEGDD	34	2	\$EVENTDD				C Event begin year
				11			-7 Refused
				14,433			-8 Don't know
				53			-9 Not ascertained
				330,551			Day of month
SOURCE	36	1	\$SOURCE				C Source of event: survey, claim, or both?
				65,674			1 Survey only
				173,033			2 Claims only
				106,341			3 Both survey & claims
SITCODE	37	1	\$SITCODE				C Community or facility setting?
				362			B Both community & facility
				295,643			C Community
				10,674			D Deemed community
				30,563			F Facility
				1,810			G Deemed facility
				5,996			S SNF
AMTTOT	38	9					N Total payment
IMPATOT	47	1	IMPFLAG				N AMTTOT imputed in part or in total?
				242,756			0 Not imputed
				102,292			1 Imputed
AMTCOV	48	9					N Medicare program liability, incl. copays
AMTNCOV	57	9					N Total payment not covered by Medicare
AMTCARE	66	9					N Amount paid by Medicare
IMPSCARE	75	1	IMPFLAG				N AMTCARE payment source imputed?
				344,495			0 Not imputed
				553			1 Imputed
IMPACARE	76	1	IMPFLAG				N AMTCARE payment amount imputed?
				332,260			0 Not imputed
				12,788			1 Imputed
AMTCAID	77	9					N Amount paid by Medicaid
IMPSCAID	86	1	IMPFLAG				N AMTCAID payment source imputed?
				314,468			0 Not imputed
				30,580			1 Imputed

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
IMPACAID	87	1	IMPFLAG				N AMTCAID payment amount imputed?
				283,954			0 Not imputed
				61,094			1 Imputed
AMTHMOM	88	9					N Amount paid by Medicare HMO
IMPSHMOM	97	1	IMPFLAG				N AMTHMOM payment source imputed?
				338,393			0 Not imputed
				6,655			1 Imputed
IMPAHMOM	98	1	IMPFLAG				N AMTHMOM payment amount imputed?
				334,526			0 Not imputed
				10,522			1 Imputed
AMTHMOP	99	9					N Amount paid by private HMO
IMPSHMOP	108	1	IMPFLAG				N AMTHMOP payment source imputed?
				337,359			0 Not imputed
				7,689			1 Imputed
IMPAHMOP	109	1	IMPFLAG				N AMTHMOP payment amount imputed?
				334,792			0 Not imputed
				10,256			1 Imputed
AMTVA	110	9					N Amount paid by Veterans Administration
IMPSVA	119	1	IMPFLAG				N AMTVA payment source imputed?
				344,945			0 Not imputed
				103			1 Imputed
IMPAVA	120	1	IMPFLAG				N AMTVA payment amount imputed?
				343,708			0 Not imputed
				1,340			1 Imputed
AMTPRVE	121	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	130	1	IMPFLAG				N AMTPRVE payment source imputed?
				309,386			0 Not imputed
				35,662			1 Imputed
IMPAPRVE	131	1	IMPFLAG				N AMTPRVE payment amount imputed?
				300,884			0 Not imputed
				44,164			1 Imputed
AMTPRVI	132	9					N Amt paid by individually-purch priv ins
IMPSPRVI	141	1	IMPFLAG				N AMTPRVI payment source imputed?
				310,775			0 Not imputed
				34,273			1 Imputed

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IMPAPRVI	142	1	IMPFLAG				N AMTPRVI payment amount imputed?
				303,927			0 Not imputed
				41,121			1 Imputed
AMTPRVU	143	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	152	1	IMPFLAG				N AMTPRVU payment source imputed?
				340,265			0 Not imputed
				4,783			1 Imputed
IMPAPRVU	153	1	IMPFLAG				N AMTPRVU payment amount imputed?
				340,265			0 Not imputed
				4,783			1 Imputed
AMTOOP	154	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	163	1	IMPFLAG				N AMTOOP payment source imputed?
				294,216			0 Not imputed
				50,832			1 Imputed
IMPAOOP	164	1	IMPFLAG				N AMTOOP payment amount imputed?
				274,489			0 Not imputed
				70,559			1 Imputed
AMTDISC	165	9					N Amount of uncollected SP liability
IMPSDISC	174	1	IMPFLAG				N AMTDISC payment source imputed?
				336,875			0 Not imputed
				8,173			1 Imputed
IMPADISC	175	1	IMPFLAG				N AMTDISC payment amount imputed?
				334,774			0 Not imputed
				10,274			1 Imputed
AMTOTH	176	9					N Amount paid by other payor(s)
IMPSOTH	185	1	IMPFLAG				N AMTOTH payment source imputed?
				343,197			0 Not imputed
				1,851			1 Imputed
IMPAOTH	186	1	IMPFLAG				N AMTOTH payment amount imputed?
				340,203			0 Not imputed
				4,845			1 Imputed
PAMTMED	187	9					N Total amount paid for medical services
PAMTSURG	196	9					N Total amount paid for surgical services
PAMTLABX	205	9					N Total amount paid for lab/X-Ray
PANTOM	214	9					N Total payment for other medical services
PAMTPM	223	9					N Total payment for prescribed medicines

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PROVSPEC	232	2	PROVSPEC				N Medical provider specialty
				173,144			. Missing
				98			-9 Not ascertained
				298			-8 Don't know
				42,882			-1 Inapplicable
				387			1 Dentist or dental provider
				97,368			2 Medical doctor
				355			3 Audiologist
				5,375			4 Chiropractor
				267			5 Clinical Social Worker
				93			6 Dietician or nutritionist
				12			7 Hearing therapist
				66			8 Home health/health aide
				25			9 Homemaker
				155			10 Hospice worker
				30			11 I.V. Therapist
				1,332			12 Nurse (RN)
				282			13 Nurse Practitioner
				4			14 Nurse's aide
				392			15 Occupational Therapist (OT)
				2,500			16 Optometrist
				159			17 Osteopath (DO)
				83			18 Paramedic
				6,819			19 Physical Therapist (PT)
				189			20 Physician's Assistant
				3,145			21 Podiatrist (foot doctor)
				1,525			22 Psychologist
				105			23 Respiratory Therapist
				483			24 Social/case worker
				321			25 Speech Therapist
				506			26 Therapist (mental health)
				1,297			27 X-Ray Technician
				22			28 Licensed Practical Nurse (LPN)
				251			29 Acupuncturist
				22			30 Homeopath
				576			31 Massage therapist
				24			32 Naturopath
				4,456			91 Other medical provider
OMETYPE	234	2	OMETYPE				N Type of other medical event
				158,504			. Missing
				151,849			-1 Inapplicable
				3,033			1 Eyeglasses
				1,028			2 Hearing or speech device
				2,317			3 Orthopedic
				6,077			4 Diabetic
				4,238			5 Ambulance
				250			6 Prosthesis
				308			7 Alteration
				5,709			8 Oxygen
				198			9 Kidney dialysis
				11,537			10 Other

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
ORTHTYPE	236	2	ORTHTYPE				N Type of orthopedic item
				172,456			. Missing
				170,275			-1 Inapplicable
				613			1 Braces or supports
				269			2 Cane
				298			3 Corrective shoes or inserts
				35			4 Crutches
				526			5 Walker
				380			6 Wheelchair
				84			7 Stockings
				112			91 Other
ALTRTYPE	238	2	ALTRTYPE				N Type of alteration
				173,094			. Missing
				171,646			-1 Inapplicable
				32			1 Elevator or incline chair
				69			2 Handrails (other than tub)
				52			3 Ramps
				52			4 Tub handrails
				9			5 Tub seat
				12			6 Any car alteration
				82			91 Other
OTHRTYPE	240	2	OTHRTYPE				N Type of other medical event
				168,413			. Missing
				165,098			-1 Inapplicable
				343			1 Portable or raised toilet
				113			2 Portable tub seat
				125			3 Special chair or cushion
				1,165			4 Hospital bed
				974			5 Ostomy supplies
				4,397			6 Depends (diapers)
				455			7 Bandages, dressings, tape supplies
				285			8 Pulmonary equipment
				58			9 Blood pressure equipment
				3,622			91 Other
HMO	242	1	\$HMO				C Event provided by an HMO?
				307,378			0 Event not provided by HMO
				37,670			1 Event provided by HMO